Occupational Therapists and Law Enforcement: Partnering for Safer Communities

Authors: Hape, K., Pace, J., & Rexing, S.

In recent years, law enforcement agencies across the United States have faced increased scrutiny regarding their use of force, particularly in interactions involving individuals experiencing mental health crises. As a result, there has been a growing emphasis on the need for effective de-escalation training to promote safer, more compassionate policing (National Policing Institute, n.d.) including the passing of the Law Enforcement De-escalation Training Act of 2022. This act directs the Department of Justice to oversee the development of scenario-based training curriculum including topics such as "safely responding to an individual experiencing a mental, behavioral health, or suicidal crisis" (Law Enforcement De-escalation Training Act of 2022, 2022, para. 1). De-escalation training has been shown to significantly reduce the use of force and related injuries for both officers and community members (Engel et al., 2022; Oliva et al., 2010). National efforts, such as the President's Task Force on 21st Century Policing (2015), have called for law enforcement agencies to prioritize such training alongside officer wellness initiatives. However, despite broad support, there remains limited consensus on how de-escalation should be defined or implemented into police training (Engel et al., 2020). Researchers, Engel et al. (2020), conducted a multidisciplinary systematic review of de-escalation training over a 40-year period and identified only one concrete definition of de-escalation, provided by the *National Consensus Policy on Use of Force* (2020, p. 3)*:*

> Taking action or communication verbally or non-verbally during a potential force encounter in an attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of force or with a reduction in the force necessary. De-escalation may include the use of such techniques as command presence, advisements, warning, verbal persuasion, and tactile repositioning.

The role of law enforcement officers includes responding to crises in the community and working to restore peace while keeping every community member safe and protecting the community (Oliva et al., 2010). Unfortunately, there is a lack of established de-escalation training available (Lorei & Balaneskovic, 2023). The risk officers face when policing their communities increases in certain circumstances. Officers are at greater risk of being injured during their first five years of service (The International Association of Chiefs of Police and The Bureau of Justice Assistance, n.d.). Officers are also at a greater risk of injury when not wearing body armor and when interacting with citizens under the influence of alcohol or drugs and with those who have prior convictions (The International Association of Chiefs of Police and The Bureau of Justice Assistance, n.d.).

Researchers found that officers have frequent interactions with community members who have a history of mental illness (Wells & Schafer, 2006). Officers have expressed the desire to learn more about how to identify and interact with individuals with mental illness (Wells & Schafer, 2006). Citizens with serious mental illness are 11 times more likely to

experience force when interacting with police and are 10 times more likely to experience injury when compared to citizens without mental illness (Laniyonu & Goff, 2021). Those with mental illness are also three times more likely to be housed in jail than to be treated in a mental health facility (Taheri, 2016). There is also evidence that suggests African Americans with psychiatric disorders are at a higher risk of police mistreatment and thus have a higher incidence of suicidal ideation or suicidal attempt when compared to their peers (Hans, et al., 2017). Negative interactions with law enforcement are also listed as adverse childhood experiences for Black and Brown citizens (Johnson & Wright, 2021) who are three times more likely to experience force when compared to their white peers (Laniyonu & Goff, 2021). This is exacerbated by challenges officers face with preserving public peace without criminalizing those with mental health challenges in a major mental health crisis (Lavoie et al., 2022). Some officers experience fear because of dealing with the unpredictable behavior that can occur as part of the symptoms of mental illness (Wittman et al., 2021). The difficulty comes when officers are asked to distinguish between clinical and criminal aggression without having the necessary training to do so. Persons with serious mental illness are 16 times more likely to die during an encounter with law enforcement (Fuller et al., 2015). Citizens with serious mental illness are also three times more likely to be housed in jail rather than a mental health facility (Taheri, 2016). Officers have identified a desire to learn more about how to interact with those who have a history of mental illness based on their frequent contact with this population (Wells & Schafer, 2006).

The foundation for this training initiative began in 2008 when one of the authors, an occupational therapist, was hired as a behavior consultant within a local school district. Although the position was not formally classified as occupational therapy, the role benefited from the therapist's background in sensory integration, child development, and behavioral motivation. The consultant primarily worked with K–2 students exhibiting behavioral crises of unknown origin. Leveraging clinical expertise, the therapist collaborated with families, school liaison officers, and community mental health professionals to assess behavior through a holistic lens. This work led to the development of de-escalation training for educators, which was later expanded—at the request of school liaison officers—to include sheriff's deputies and local police.

In collaboration with the local sheriff's office and municipal police department, a structured three-year de-escalation training program was launched. The initiative involves one-hour annual training sessions aimed at equipping officers with skills to engage safely and effectively with special populations. Pre- and post-session surveys were administered to assess department-specific needs and inform the content and structure of future sessions. The project is part of an ongoing scholarly initiative, approved by the local university's Institutional Review Board (IRB) and supported by formal letters of cooperation from all participating agencies.

The first training session focused on the intersection of trauma, stress, and behavior in children. It explored how early traumatic experiences may manifest in reactive behaviors—commonly categorized as flight, fight, freeze, or fawn responses. The upcoming second session will concentrate on recognizing and responding to individuals with special

needs, including those with mental illness, autism spectrum disorder, and developmental delays. Planned instructional strategies include video modeling and scenario-based practice to reinforce skill development. The third session will be tailored to the evolving needs of the departments, based on feedback collected through follow-up surveys from the second session.

As law enforcement increasingly engages with community members experiencing mental health crises, structured, trauma-informed de-escalation training offers a critical avenue for improving safety and outcomes. This three-year collaborative initiative represents an intentional effort to support officers through research-informed education tailored to their real-world needs. With session one of year one completed, this program lays the groundwork for addressing several key long-term goals: (1) to determine whether de-escalation training improves officers' knowledge of de-escalation strategies; (2) to assess ongoing training needs specific to officers in the field; (3) to evaluate whether officers apply de-escalation techniques in real-world scenarios following training; and (4) to explore the extent to which training enhances officers' perceived competence and effectiveness in de-escalation. By incorporating evidence-based content, trauma-informed strategies, and feedback-driven session development, this initiative aims to foster not only safer police-community interactions, but also a deeper, sustained integration of mental health-informed practices into law enforcement culture. Through sustained partnership between law enforcement and occupational therapy professionals, this initiative aims to establish a replicable framework for meaningful, community-centered de-escalation training that can reduce the use of force, improve officer well-being, and foster safer, more equitable interactions for all.

Authors' Bios:

Kristi Hape
Stone Center for Health Sciences
University of Southern Indiana
515 Bob Jones Way
Evansville, IN 47708
812-492-7814
klhape@usi.edu

Kristi Hape, OTD, OTR/L, is an Assistant Professor in the Occupational Therapy Program at the University of Southern Indiana in Evansville, Indiana. She has been at the University of Southern Indiana since 2022 with three previous years of experience in higher education. Her clinical experience includes school-based practice, community-based practice, and inpatient mental health.

Jana Pace
University of Southern Indiana
8600 University Blvd.
Evansville, IN 47712
812-465-1178
jrpace@usi.edu

Jana Pace, MHA, COTA, is an Assistant Professor in the Occupational Therapy Assistant Program at the University of Southern Indiana. Since entering higher education in 2021, she has drawn on her clinical background in outpatient orthopedics, home health, and acute care to enrich her teaching. Jana also holds degrees in Psychology, Spanish, and Health Administration, reflecting her interdisciplinary interests and her passion for connecting diverse areas of expertise to support holistic occupational therapy education and practice.

Stephanie Rexing
Stone Center for Health Sciences
University of Southern Indiana
515 Bob Jones Way
Evansville, IN 47708
sklass@usi.edu

Stephanie Rexing, OTD, OTR/L, CLT, is an Assistant Professor in the Occupational Therapy Program at the University of Southern Indiana in Evansville, Indiana. She has been teaching occupational therapy education since 2023. Her clinical experience includes acute care, outpatient with a specific focus on lymphedema treatment, and pediatric mental health as a behavior specialist.

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